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To: Indiana Medicaid Hospice Providers

**Subject: Parameters and Procedures for Reimbursement for
 Exceptional Circumstances for Managed Care
 Recipients Who Elect the Medicaid Hospice Benefit**

Overview

The purpose of this bulletin is to remind Medicaid enrolled hospice providers about their responsibility to ensure that Medicaid managed care recipients are disenrolled from the Medicaid managed care program, Hoosier Healthwise, before the individual can elect the Medicaid hospice benefit. The hospice provider will not be paid for those dates of service that the Medicaid recipient is still enrolled in the Medicaid managed care program because the Medicaid recipient is not eligible for hospice care until the day following disenrollment from the Medicaid managed care program. This bulletin also provides parameters for hospice reimbursement for those rare instances in which contractors for the Office of Medicaid Policy and Planning (OMPP) did not coordinate in a timely manner to disenroll the Medicaid managed care recipient.

Reprint of Bulletin E98-02 Regarding Managed Care Recipients Electing the Hospice Benefit

Medicaid update bulletin E98-02 specified to all Medicaid enrolled hospice providers that Medicaid recipients enrolled in any of the three Medicaid managed care programs must disenroll before hospice authorization can be completed. The three Medicaid managed care programs are as follows:

- Risk Based Managed Care (RBMC)
- Primary Care Case Management (PCCM)

- Managed Care for Persons with Disabilities and Chronic Illnesses (MCPD)

Medicaid managed care recipients who elect to enroll in the Medicaid hospice benefit will become eligible for hospice care the day following disenrollment from the managed care program. Providers may fax recipient enrollment information for managed care recipients to Health Care Excel, Inc. (HCE), at (317) 347-4535. This fax number is for enrollment information for Medicaid managed care recipients only.

Procedures Involved in Enrolling a Medicaid Managed Care Recipient in the Medicaid Hospice Benefit

The enrollment of a Medicaid managed care recipient requires effective and timely coordination between the hospice provider and the Medicaid hospice analyst employed by the Medicaid Prior Authorization Contractor, HCE. This timely coordination will ensure that the Medicaid hospice analyst coordinates with Managed Care Solutions, Inc. (Medicaid's managed care enrollment broker contractor), to ensure the immediate disenrollment of the Medicaid recipient from the managed care program.

The procedures are as follows:

- The hospice provider is responsible for using the Automated Voice Response (AVR) system to determine if an individual is Medicaid eligible and if that individual is enrolled in a Medicaid managed care program.
 - The hospice provider may access AVR by calling (317) 692-0819 or 1-800-577-1278. Instructions on how to use AVR are provided in the *Indiana Medical Assistance Programs Provider Manual*, the general Medicaid provider manual, mailed to all hospice providers on October 1, 1998.
- If the individual is a Medicaid managed care recipient, the hospice provider must notify the Medicaid hospice analyst in a timely manner before the Medicaid recipient has elected the Medicaid hospice benefit, preferably by a telephone call on the day the Medicaid recipient must be disenrolled from the Medicaid managed care program.
- The Medicaid hospice analyst must have received a fax copy of the fully completed Medicaid hospice election form on the day the Medicaid hospice analyst was notified, or one day prior to the anticipated hospice election date at a minimum.

- The hospice physician certification form and the hospice plan of care must be submitted to the hospice authorization unit within 10 business days after the hospice election date so that the hospice authorization process may be completed. Until the hospice authorization process is completed, the hospice provider cannot bill Medicaid for hospice care.
- The Medicaid hospice analyst will coordinate with the appropriate individual at Managed Care Solutions, Inc. to ensure that the Medicaid recipient is disenrolled from the managed care program on that same day.
- If the Medicaid hospice analyst has the Medicaid hospice election form, the physician certification form, and the plan of care form at the time the individual is disenrolled from Medicaid managed care, then the hospice analyst may enroll the Medicaid recipient in the Medicaid hospice benefit after completing the hospice authorization process.

The hospice provider's failure to immediately fax the enrollment forms to the Medicaid hospice analyst will result in no payment to the provider for those dates that the Medicaid recipient was still enrolled in the Medicaid managed care program.

There may be circumstances when a Medicaid recipient is not disenrolled in a timely manner from the Medicaid managed care program due to an oversight or lack of coordination by Medicaid's two contractors, the Medicaid Prior Authorization Contractor and the Medicaid Managed Care Enrollment Broker Contractor. Under those specific circumstances, Indiana Medicaid will pay the hospice provider for those dates of service that the Medicaid recipient should have been eligible for hospice care by using the Hospice Wage Adjusted Rates (HWAR) by county for revenue codes 651, 652, 653, 654, 655, and 656. These wage adjusted rates are updated quarterly and the level of reimbursement will be based on the claim dates of services.

The following criteria must be met for reimbursement in these exceptional circumstances to be available:

- The Medicaid hospice analyst will request from the hospice provider a fully completed UB92 claim form for the days the Medicaid recipient was not properly disenrolled from the Medicaid managed care program.
- The Medicaid hospice analyst will then review the claim for accuracy regarding the dates of service and the revenue codes listed on the UB92 claim form.

- If the dates of service and the revenue codes reflected on the UB92 claim form are accurate, the Medicaid hospice analyst will use the most recent HWAR by county code. The hospice analyst will then cross-reference the dollar amounts listed on the UB92 claim form with the rates listed by county with the HWAR to check for accuracy.
- Once the Medicaid hospice analyst has verified that the information on the UB92 claim form is accurate, the hospice analyst will notify the supervisor of the EDS Finance Department about the justification for reimbursement to be authorized.

The UB92 claim form will be paid and a check for the correct amount will be sent to the hospice provider.

Further inquiries regarding the Medicaid hospice benefit may be directed to EDS Provider Assistance at (317) 655-3240 and 1-800-577-1278.